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	IL6013353	A. BUILDING: _____ B. WING _____	03/21/2025

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ALDEN TOWN MANOR REHAB & HCC	6120 WEST OGDEN CICERO, IL 60804

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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.615e) 300.615f) 300.615g) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health	S9999		

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S9999	Continued From page 1	S9999		

based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.

This requirement was NOT MET as evidenced by:

Based on interview and record review, the facility failed to initiate background checks within 24 hours after admission for one (R384) out of five residents reviewed for Identified Offender Protocol.

Findings include:

On 3/20/25 at 8:30am, surveyor reviewed R384's electronic health record (EHR), R384 was admitted in the facility 2/7/25. R384 was initially admitted in the facility on 7/13/23 and discharged on 8/11/23. Facility presented Illinois sex offender and Illinois department of correction sex registry were completed on 7/13/23. Requested for a facility copy of this form upon R384's latest admission on 2/7/25, and V7 (Admission) presented Illinois sex offender and Illinois department of correction sex registry were completed on 3/20/25. V7 stated they don't have the forms from 2/7/25 admission of 2/7/25.

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S9999	Continued From page 2 On 3/20/25 at 10:08AM, V7 (Admission) stated that the background check is done as soon as resident is approve to come in the facility. Before the resident is admitted, we start the background check and it is also okay to check within 24 hours from resident admission. Chirp is checked within 24 hours also from admission date. For admission we need to check background, even the resident was admitted here and discharged from the facility years ago. Reviewed Admission Registered Sex Offender and Identified Offenders policy dated 1/2011, reads in part: Pursuant to Public Act 096-1372, the facility is required to determine is a prospective admission is a registered sex offender. The facility also shall within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility. Any admission to the facility is conditional pending the result of these criminal background checks. (C) Statement of Licensure Violations 2 of 2: 300.610a) 300.1210b) 300.1210c) 300.1210d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the	S9999		

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S9999	Continued From page 3	S9999		

administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

This Requirement was not met as evidenced by:

Based on interviews, observation, and records

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S9999	Continued From page 4	S9999		

reviewed the facility failed to identify and evaluate interventions for one (R70) of 13 residents reviewed for nutrition in sample of 54. This failure resulted in R70 having an unplanned significant weight loss of 28% over 7 months.

The findings include:

R70's diagnosis include but are not limited to Hypertension, Gastro Esophageal Reflux Disease, Incontinence, Muscle Weakness, Chronic Pain, Anxiety, Dysphagia, Facial Weakness following Cerebral Infarction, Hemiplegia and Hemiparesis, Major Depressive Disorder, Muscle Wasting and Atrophy, Non Pressure Chronic Ulcer of Foot (Bunions), Chronic Pain, Recurrent Depressive Disorder, Pneumonia, and Osteoarthritis.

On 3/20/25 at 12:35PM V24, CNA, said R70 has contracted hands but she can participate with feeding. V24 said R1 needs assistance, it changes with her sometimes she feeds herself.

On 3/20/25 at 12:40PM R70 in her room, in bed, lunch of chopped meat and potatoes and gravy with spoon in it. R70 said "I didn't touch it."

On 3/20/25 at 12:45PM V12, RN said R70 appetite is poor, she feeds herself. V12 said she refuses what we do. V12 said she is supposed to go to the gastric doctor. V12 said R70 don't eat, we did a calorie count.

On 03/20/25 at 10:22 AM V9, Registered Dietician, said I asked about the MDS for R70. V9 said R70 definitely had 10% loss in 6 months and 4.2% loss for 1 month. V9 said R70's weight in July 2024 was 146 pounds, she had a 28% loss of weight. V9 said in January 2025 R70's weight

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S9999	Continued From page 5	S9999		

was 113.2 pounds and her current weight is 111 pounds.

On 03/20/25 at 11:04 AM V6, MDS Nurse, said I do section K (Swallowing/Nutritional Status) of the MDS, I gather information from the Registered Dietician. V6 said I then enter the information into the assessment. On follow up interview at11:34 AM V6 said R70 had a significant weight loss x 1 month and 6 months. V6 said I made a correction for the 1/9/25 MDS. V6 said R70 was 146 pounds 6 months ago. V6 said I am not part of the weight meeting. At 12:05PM V6 said I updated the care plan and notified the nurse.

On 3/21/25 at 11:12AM V20, Nurse Practitioner, said R70's weight loss started in October 2024. V20 said sometimes R70 will eat and other times not at all. V20 said the CNAs told us that R70 was not eating at all even though R70 told us she ate. V20 intervention include trying to get her into a GI doctor, encourage her to eat, we provided supplements, and appetite stimulants. V20 said for the calorie counts we see she may eat breakfast and no lunch or dinner. V20 said we discussed hospice with the progression of her Rheumatoid Arthritis, and I increased her pain medication. V20 said R70 said she doesn't want a feeding tube. She went recent to GI, I called the office, we are questioning her cognitive ability. V20 said R70's agrees to eat but then she does not do it. V20 said we are going based on what the CNAs tell us. V20 said the staff were supposed to do weekly weights based on my conversation with the Dietician. V20 said of course R70 is someone we would be concerned for weight. V20 said R70 is a slow feed, since her hands are arthritic she needs a lot of time.

On 3/21/25 at 12:53PM V9, said the extent of the

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S9999	Continued From page 6	S9999		

calorie count is all they do with it. There is not a section with the calorie calculation, not for this facility.

On 3/20/25 the surveyor requested from V1 evidence of Weight Committee procedures #2, 3, 4 and 5 for R70. Information was not provided by 3:30PM

On 3/21/25 11:05AM requested from V1 documentation for weight committee, at 1:27PM the documentation has not been provided.

3/21/25 1:25PM V14, Regional Nurse Consultant, said we are still working on getting the progress notes.

Review of Progress notes for R70 written by V9 include 12/10/24; 12/11/24 and 2/17/25
No documented evaluation of calorie count.
Review of Progress Notes written by V20 include notes on 11/6/24 and 2/5/25, there is no evaluation of calorie count. Nurse progress notes include 12/9; 12/16; 24; 1/3/25; 1/4/25; 1/9/25; and 1/10/25. No evaluation of calorie count.

On 3/21/25 at 2:02PM the facility provided the progress notes for R70.

R70 MDS dated 1/9/24 section K0300 states 0 for weight loss. Current weight is 113 pounds The corrected MDS V6 presented on 3/20/25 notes Weight loss 2- yes, not on prescribed weight loss regimen.

Three day Calorie Count reviewed for R70 dated 12/10/25 at 10:45AM and 6:23PM and 12/12/25 at 9:38PM. No total of calorie count, protein count, or total intake percentage.

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S9999	Continued From page 7 Care Plan reviewed for R70 nutritional support. Interventions include meal monitoring and recording, monitor labs. Review of R70's Order Summary Report includes Check Weight weekly x 4 ordered 1/8/25 and end date 2/5/25. Review of R70's January Medication Administration Record includes 1/8/25; 1/15/25; and 1/29/25 with weight NA. 1/22/25 weight is 113.2. Monthly Weight Report for R70 includes weights December 2024 118.8 pounds; January 116.0 pounds; 109.0 February; and March 111.3 pounds. (V9 said R70's weight in July 2024 was 146 pounds, she had a 28% loss of weight since. Policy for Weight Committee dated 2023 states the purpose to reduce the risk of altered nutritional status. Committee will discuss residents with significant weight change, root cause for weight loss and intervention. The committee will also identify individual with insidious weight loss, gradual weight loss, and develop plan of care. The weigh committee will meet weekly to discuss residents with weekly weights. The committee will evaluate the nutritional status of the resident, identify root cause and develop interventions. Information discussed in Weight Committee to be documented via progress note and care plan as needed. The Weight Committee meeting will be obtained via PCC exception reports. Policy for Weights dated 9/2020 states residents will be weighted to establish a baseline weights and identify trends of weight loss and weight gain. Report any weight loss or gain greater than 5% within one month, 7.5% within three months or 10% within 6 months.	S9999		

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S9999	Continued From page 8 Policy for Calorie Count dated 9/20 states a calorie count is to monitor adequacy of resident's calorie intake. 5. If a resident refuses a meal or does not eat any of the items, document the reason why the meal was missed and indicate amount consumed with a zero. (See calorie count, this is not documented.) 6. Dietary services will evaluate and document results and will make appropriate recommendations. (B)	S9999		